

# ENCOUNTER KEYS

## INSIDE THIS ISSUE:

<i>Missing Medicare Information</i>	1
<i>Diagnosis Reporting Under Scrutiny</i>	1
<i>Workshops &amp; Seminars</i>	1
<i>Quarterly Meeting</i>	2
<i>Dilemmas</i>	2
<i>Reference Data Changes</i>	2
<i>Review TSN &amp; HP Id</i>	2
<i>Return Old Magnetic Tapes</i>	3
<i>Missing Data on UbUB-92's</i>	3
<i>AHCCCS System Problems</i>	4



P.O. Box  
25520  
Phoenix,  
AZ 85002-  
5520  
Mail Drop  
#8500

Fax: 602-417-4725

Internet: [www.ahcccs.state.az.us/content/  
resources/publications](http://www.ahcccs.state.az.us/content/resources/publications)

Encounter Operations Unit Editorial  
Staff:  
Deborah Burrell (602) 417-4079  
daburrel@ahcccs.state.az.us

Peggy Brown (602) 417-4662  
pbrown@ahcccs.state.az.us

Lois Golden (602) 417-4140  
slgolden@ahcccs.state.az.us

David Shelburg (602) 417-4419  
dshelburg@ahcccs.state.az.us

Sandra Jeademann (602) 417-4471  
sjjeadem@ahcccs.state.az.us

Brent Ratterree rbratterree@ahcccs.  
state.az.us

## MISSING MEDICARE INFORMATION

Encounters for Medicare recipients must be submitted with **both the Medicare approved and paid amounts present**. Encounters pending due to incorrect reporting of Medicare information must be researched and the missing data entered on the encounter. Save time and resources by completely and accurately reporting all Medicare/TPL information on New Day encounters.

## Diagnosis Reporting Under Scrutiny

According to the June 5, 2000 Part B News, diagnosis codes are the subject of a new policy at HCFA. According to Robert Berenson, MD, HCFA's Chief of Health Plans and Providers, the policy will require more specific encounter data from managed care organizations this fall. HCFA officials will be looking for physicians to get to the fourth and fifth digit of a diagnosis code and will crack down on physicians who don't. In addition, HCFA will monitor the use of "unspecified" type diagnosis codes and will be paying much closer attention to the use of **V codes**.

## Workshops & Seminars

In preparation for HCFA's new ICD-9 policy, HCFA announced a number of encounter data-training sessions across the country for physicians and hospital outpatient services. For further information providers may call (301) 519-6700 or log on at <http://www.hcfa.gov/events> to register.

There will also be a series of one-day workshops to help hospital outpatient coders succeed with Ambulatory Payment Classifications. For additional information providers may visit Part B News website [http://www.ucg.com/health/  
conferences/apc.html](http://www.ucg.com/health/conferences/apc.html) or call (800) 260-1545.

Providers with an in-office lab may attend a seminar on POL Strategies 2000 in Dallas, September 14-16 to prepare for lab billing changes as a result of the "Neg-Reg" coverage policies. Providers may call (800) 383-2741 for a faxed brochure.



## Dilemmas!

For the months of May and June, pending encounters with the following error code conditions will not be sanctioned.

**A950** - Data Gathering Error

**S385** - Service Units Exceed Maximum Allowed (only the 80000 procedure codes and the Dental codes)

## REVIEW YOUR TSN & HEALTH PLAN ID NUMBER

Please help us keep our records current by informing us when you discontinue using certain Health Plan Identification Numbers (HP ID) and/or Tape Supplier Numbers (TSN). You may direct all changes and correspondence to Lois Golden at: [slgolden@ahcccs.state.az.us](mailto:slgolden@ahcccs.state.az.us) or (602) 417-4140.

**QUARTERLY MEETING** – September 6, 2000 at 10 a.m., will be our next quarterly encounter meeting. Please bring pending encounter issues to the meeting. Specifically, we will be reviewing encounters pending as duplicates (exact and near).

## REFERENCE DATA CHANGES

### DAILY LIMIT CHANGES

<u>Codes</u>	<u>Description</u>	<u>New Daily Maximum</u>
J9213	Interferon, Alfa-2A, Recombinant, 3 million units	100/day – 100 month
K0182	Water, Distilled, used with large volume nebulizer, 1;	10/wk
00104	Anesthesia for Electroconvulsive Therapy	2
90845	Psychoanalysis	1

### MODIFIER CHANGES

<u>Codes</u>	<u>Description</u>	<u>Modifier</u>
53899	Unlisted procedure, urinary system	80
69990	Use of operating microscope	80, 76, 77, 78, 79
K0182	Water, Distilled, used with large volume nebulizer, 1;	NU, 59

### AGE LIMIT CHANGES

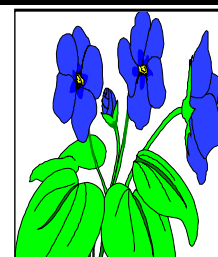
The maximum age limit has been changed to 999 for the following codes:

410.00 to 410.92 – Acute Myocardial Infarction, of Anterolateral

### CATEGORY OF SERVICE CHANGES

Effective 05/01/2000, Procedure Code Z2999 – Special Transport changed from Category of Service 14 to 31. This COS is available to both emergency and non-emergency transportation providers.

The Category of Service for Methadone/LAAM Administration has moved from 47 to 01. Physicians Assistants (provider type 18) and Nurse Practitioners (provider type 19) are also able to provide services.



"Earth laughs in flowers"

Ralph Waldo Emerson

## RETURN YOUR OLD MAGNETIC TAPES

Plans and Program Contractors should be returning their scratch tapes to the Encounter Unit at the end of 60 days.

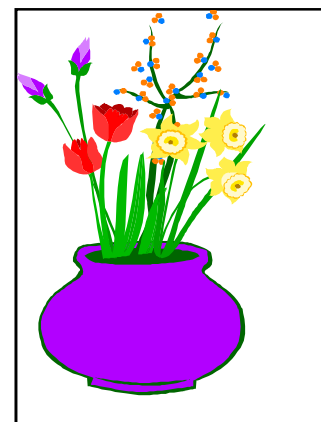
Some Plans and Contractors have been remiss in sending the old tapes back. AHCCCS' Information Systems Department (ISD) requests that tapes be returned as soon as possible.

If there are any questions, please contact Lois Golden at (602) 417-4140.

## MISSING DATA ON UB-92's

Research of pended UB-92 encounters has shown that a few Plans and Program Contractors are not reporting all of the claim information submitted to them. The Encounter Operations Unit has found that the information missed most frequently include the admission type, discharge hour, admission hour, and service units to ancillary codes. The ancillary charges are important to report, e.g., facility rate-setting and various reports: UR, and Quality Indicators which are reported to HCFA. Please note that these are all AHCCCS required fields for encounter reporting. And AHCCCS follows the guidelines in the AHA Uniform Billing Manual for the UB-92.

In addition, research has shown that a few Plans and Program Contractors are not submitting ancillary charges on inpatient hospital encounters. Ancillary charges are required to be reported on inpatient hospital encounters. The revenue codes should be listed chronologically for accommodation revenue codes and in ascending order for non-accommodation (ancillary) revenue codes.



“Art is the unceasing effort to compete with the beauty of flowers – and never succeeding.”

Marc Chagall

*The Fee-For-Service rate schedule effective June 1, 2000 is now available on the new Plans and Providers page on the AHCCCS Web site [www.ahcccs.state.az.us](http://www.ahcccs.state.az.us)*



“The greatest assassin of life is haste, the desire to reach things before the right time which means overreaching them.”

Juan Ramon Jimenez

## AHCCCS SYSTEM PROBLEMS!

The following information is from a memorandum recently distributed to all Plan CEO's and Program Contractor Administrators, regarding system problems which occurred during the May and June cycles.

### May Cycle

- Edit A950 – “Data Gathering Error”
- This edit was implemented to identify and pend encounters missing critical data values gathered by the PMMIS system during encounter processing. By pending these encounters, AHCCCS personnel can investigate and fix the problem so that the encounters are populated with the required data values. Because it is an AHCCCS internal edit, Contractors do not have the ability to resolve encounters pending for A950.
- 
- Edit S445 – “Procedure Modifier Invalid for Procedure on Date of Service”

This edit, which has been in existence since 1987, was recently modified to allow AHCCCS staff the ability to override, on a case-by-case basis, encounters with valid national modifiers that are not recognized by AHCCCS for encounter reporting. The edit status table in PMMIS was updated incorrectly which created a date-span gap. Encounters processed during the May cycle with dates of service within the date-span gap went to an adjudicated status rather than pending. These encounters will be recycled in an upcoming cycle to allow normal editing. Contractors affected by this error were notified.

### Encounter Tape Load Problems

Due to an operational error, certain Contractor encounter tapes were loaded multiple times. This resulted in erroneous duplicate encounter pends. Affected Contractors were notified and a special cycle was performed to correct the duplicated encounter error and generate new pend and adjudicated tapes.

In addition, certain tapes did not get loaded to the AHCCCS system. This problem was not identified until after the June cycle was completed. AHCCCS processed these tapes prior to the July cycle. Affected Contractors were notified and received pend and adjudicated tapes from this process.

A procedure has been implemented to more adequately monitor tape loads and to identify discrepancies as they occur. This step will ensure timely correction of future tape load problems, should they occur, thereby minimizing Contractor inconvenience.

Encounters delayed because of these issues will be considered for sanction waiver on a case-by-case basis.

### June Cycle

- Edit Z580 – “Date of Service Already Billed On An Inpatient Encounter”

Edit Z580, which was previously a “Soft” edit, was set to “Hard” to accommodate a system problem causing Form B encounter editing programs to abend. Since Contractors were not provided with sufficient advance notice of the edit status change, **encounters pending for Z580 will not be subject to sanctioning until October 1, 2000.**

Due to a program error, a large volume of pharmacy (form C) encounters pended for A950 in error during the May cycle. Affected Contractors were notified of this problem by a telephone call to their encounter contact staff. The

cleared during the June cycle.